

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212538531			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Resource Partners, Inc., a Pennsylvania Corporation (USED IN VA BY: Resource Partners)</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS INC 4701 COX ROAD SUITE 301 GLEN ALLEN, VA 23060-6802</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: PA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 11/30/2012</p> <p>SCC ID NO: F1773995</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">CLASS</td> <td style="width: 50%; padding: 2px;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 2160 LINCOLN HWY EAST STE 6</p> <p style="text-align: center;">CITY/ST/ZIP: LANCASTER, PA 17602</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: Keith Stuckey TITLE: PRESIDENT ADDRESS: 2160 LINCOLN HIGHWAY EAST SUITE 6 CITY/ST/ZIP/CO: LANCASTER, PA 17602 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Keith Stuckey TITLE: PRESIDENT ADDRESS: 2160 LINCOLN HIGHWAY EAST SUITE 6 CITY/ST/ZIP/CO: LANCASTER, PA 17602	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Carol Delancey DIRECTOR 2160 Lincoln Highway East Suite 6 Lancaster, PA 17602	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Sharon McCabe DIRECTOR 2160 Lincoln Highway East Suite 6 Lancaster, PA 17602	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Dennis Russell DIRECTOR 2160 Lincoln Highway East Suite 6 Lancaster, PA 17602	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Carol Barbour DIRECTOR 2160 Lincoln Highway East Suite 6 Lancaster, PA 17602	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Karen Lehman DIRECTOR 2160 Lincoln Highway East Suite 6 Lancaster, PA 17602	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Chris Widman DIRECTOR 2160 Lincoln Highway East Suite 6 Lancaster, PA 17602	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ PHILIP LEAMAN		PHILIP LEAMAN, COO	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			